



## LASALETTE ASSOCIATE APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Mr. Mrs. Ms Rev Bro Sr)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a practicing Catholic? \_\_\_\_\_

Parish Name: \_\_\_\_\_

Please attach a brief biography that includes:

1. Personal Background – Main events in your life, interests, and accomplishments
2. How did you become acquainted with La Salette?
3. How did you learn about the La Salette Associate Program?
4. What interests you about becoming an Associate?

Please attach 2 personal references (at least one should be from a La Salette or an Associate)

Signature: \_\_\_\_\_